

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Raymond Collieran, Supt.  
SCI Waymart, P.O.Box 256  
R.R.#6  
Waymart, Pa. 18472

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

Edmund S 10/6/00

C. Signature

X Edmund S ☐ Agent ☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

## 3. Service Type

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number (Copy from service label)

70000600002757134314 1-CV-00-1389 1 of 3 S. Cause on d 10/4/00 (R)

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

**FILED  
HARRISBURG**

OCT 11 2000

MARY E. D'ANDREA, CLERK

Per SIX  
DEPUTY CLERK

1-CV-00-1389  
S. Cause on d  
10/4/00